

STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION  
 Architectural Licensing Board  
 Telephone: (860) 713-6135 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)  
 Email: [dcp.occupationalprofessional@ct.gov](mailto:dcp.occupationalprofessional@ct.gov)



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## APPLICATION FOR ARCHITECT'S LICENSE

### INSTRUCTIONS:

All spaces must be completed - please print in ink or type and have application notarized. When filing this application, it **must be accompanied by a check or money order for the appropriate fee. Fees are noted in the *Instructions* document and listed below.** Make checks payable to: "Treasurer, State of Connecticut". Applications and accompanying fees that are sent directly to the Connecticut Board should be mailed to *Department of Consumer Protection, License Services, 165 Capitol Avenue, Hartford, CT 06106*

Application fees are non-refundable.

Application fees for license:

☐ By Written Examination: \$72.00  
☐ By Waiver of Examination: \$100.00

### Personal Information

Applicant's name:	
Business name:	Business telephone (w/ Area Code)
Business address (Street, City, State & Zip)	
Residence address (Street, City, State & Zip)	
Check preferred address for mailing: Business <input type="checkbox"/> Residence <input type="checkbox"/>	Residence telephone (w/ Area Code)
Date of birth:	Social security number:
Have you been convicted of a felony crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attached a statement indicting the type(s) of crime(s) for which you were convicted, the date(s) and court(s) where the convictions occurred and a description of the circumstances.  Have you ever been previously licensed as an architect in Connecticut? Yes <input type="checkbox"/> * No <input type="checkbox"/> If Yes: License Number _____ *If you have been previously licensed in Connecticut, contact Board Administrator at 860-713-6135 for further instruction.	

### Method Of licensure

I herby apply for licensure as an architect by the following method: (Please check the appropriate box below)	
<input type="checkbox"/> By Written Examination	<b>Note:</b> If you are applying for licensure by written examination there are additional requirements of which you should be aware. Please contact the Architectural Licensing Board at <b>Tel: 860-713-6145</b>
<input type="checkbox"/> By Waiver of Examination with NCARB Certificate Record	NCARB file number: _____ State of original licensure as an architect: _____ license number: _____
<input type="checkbox"/> By Direct Endorsement (Approved Experience)	Has the applicant been licensed as an architect for at least 10 years? Yes <input type="checkbox"/> No <input type="checkbox"/>

**PERSONAL AFFIDAVIT**

The undersigned being duly sworn, upon his oath deposes and says that all information contained in this application to the best of his/her knowledge and belief are true and made in good faith.

Signature of Applicant	Signature - Notary Public
Date	Date

Insert passport type photo  
approx. 2-1/2" x 2-1/2" in  
size, showing full front view  
of applicant. Photo should  
have been taken within two  
years of date submitted.